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Did you know that...

• **In 1943 Dr. Leo Kanner of Johns Hopkins Hospital introduces the label early infantile autism. At the same time a German scientist, Dr. Hans Asperger, described a milder form of the disorder that became known as Asperger syndrome.**

Asperger's Facts

- **The disability can manifest itself in many ways. A student can fail to develop peer relationships, lack social graces and interchange, and show an abnormal and intense fixation on a subject.**
- **Most have normal IQs, and many have exceptional skill and understanding in a specific area, such as math or computers.**
- **Many are good at reciting rote dates, times, facts and figures, but are not able to comprehend the big picture.**
- **Conversations can revolve around self, and voice can be flat and emotionless.**
- **They may have difficulty taking direction and coping with negative feedback.**
- **Asperger's has no specific treatment, but in some cases, intervention is used. That may include social skills training, behavior modification and therapy.**



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Focus on Aspergers...



What's Asperger's Syndrome?

Asperger Syndrome (AS) is a neurobiological disorder on the higher-functioning end of the autism spectrum. An individual's symptoms can range from mild to severe. While sharing many of the same characteristics as other Autism Spectrum Disorders (ASD's) including Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS) and High-Functioning Autism (HFA), AS has been recognized as a distinct medical diagnosis in Europe for almost 60 years, but has only been included in the U.S. medical diagnostic manual since 1994 ("Asperger's Disorder" in the DSM-IV).

Individuals with AS and related disorders exhibit serious deficiencies in social and communication skills. Their IQ's are typically in the normal to very superior range. They are usually educated in the mainstream, but most require special education services. Because of their naiveté, those with AS are often viewed by their peers as "odd" and are frequently a target for bullying and teasing.

They desire to fit in socially and have friends, but have a great deal of difficulty making effective social connections. Many of them are at risk for developing mood disorders, such as anxiety or depression, especially in adolescence. Diagnosis of autistic spectrum disorders should be made by a medical expert to rule out other possible diagnoses and to discuss interventions.

Characteristics of AS

Each person is different. An individual might have all or only some of the described behaviors to have a diagnosis of AS. These behaviors

include the following:

- Marked impairment in the use of multiple nonverbal behaviors such as: eye gaze, facial expression, body posture, and gestures to regulate social interaction.
- Extreme difficulty in developing age-appropriate peer relationships. (e.g. AS children may be more comfortable with adults than with other children).
- Inflexible adherence to routines and perseveration.
- Fascination with maps, globes, and routes.
- Superior rote memory.
- Preoccupation with a particular subject to the exclusion of all others and amasses many related facts.
- Difficulty judging personal space, motor clumsiness.
- Sensitivity to the environment, loud noises, clothing and food textures, and odors.
- Speech and language skills impaired in the area of semantics, pragmatics, and prosody (volume, intonation, inflection, and rhythm).
- Difficulty understanding others' feelings.
- Pedantic, formal style of speaking; often called "little professor", verbose.
- Extreme difficulty reading and/or interpreting social cues.
- Socially and emotionally inappropriate responses.
- Literal interpretation of language. difficulty comprehending implied meanings.
- Extensive vocabulary. Reading commences at an early age (hyperlexia).
- Stereotyped or repetitive motor mannerisms.
- Difficulty with "give and take" of conversation.

The following is an excerpt from the book: Parenting Your Asperger Child, by Alan Sohn, Ed.D., and Cathy Grayson, M.A. : Perigee / February 2005 pp. 3-5.

The Six Characteristics of Asperger's Syndrome

1. Difficulty with Reciprocal Social Interactions

Those with Asperger's syndrome display varying difficulties when interacting with others. Some children and adolescents have no desire to interact, while others simply do not know how. More specifically, they do not comprehend the give-and-take nature of social interactions. They may want to lecture you about the *Titanic* or they may leave the room in the midst of playing with another child. They do not comprehend the verbal and nonverbal cues used to further our understanding in typical social interactions. These include eye contact, facial expressions, body language, controversial and nonverbal re-

<p>sponses to the interaction.</p> <p>2. Impairments in Language Skills</p> <p>Those with Asperger's syndrome have very specific problems with language, especially with <i>pragmatic</i> use of language, which is the social aspect. That is, they see language as a way to share facts and information (especially about special interests), not as a way to share thoughts, feelings, and emotions. The child will display difficulty in many areas of a conversation—processing verbal information, initiation, maintenance, ending, topic appropriateness, sustaining attention, and turn taking. The child's <i>prosody</i> (pitch, stress, rhythm, or melody of speech) can also be impaired. Conversations may often appear scripted or ritualistic. That is, it may be dialogue from a TV show or a movie. They may also have difficulty problem solving, analyzing or synthesizing information, and understanding language beyond the literal level.</p> <p>3. Narrow Range of Interests and Insistence on Set Routines</p> <p>Due to an Asperger child's anxiety, his interactions will be ruled by rigidity, obsessions, and <i>perseverations</i> (repetitious behaviors or language) transitions and change can cause. Generally, he will have few interests, but those interests will often dominate. The need for structure and routine will be most important. He may develop his own rules to live by that barely coincide with the rest of society.</p> <p>4. Motor Clumsiness</p> <p>Many individuals with Asperger's syndrome have difficulty with both gross and fine motor skills. The difficulty is often not just the task itself, but the motor planning involved in completing the task. Typical difficulties include handwriting, riding a bike, and ball skills.</p> <p>5. Cognitive Issues</p> <p>Mindblindness, or the inability to make inferences about what another person is thinking, is a core disability for those with Asperger's syndrome. Because of this, they have difficulty empathizing with others, and will often say what they think without considering another's feelings. The child will often assume that everyone is thinking the same thing he is. For him, the world exists not in shades of gray, but only in black and white. This rigidity in thought (lack</p>	<p>of cognitive control, flexibility) interferes with problem solving, mental planning, impulse control, flexibility in thoughts and actions, and the ability to stay focused on a task until completion. The rigidity also makes it difficult for an Asperger child to engage in imaginative play. His interest in play materials, themes, and choices will be narrow, and he will attempt to control the play situation.</p> <p>6. Sensory Sensitivities</p> <p>Many Asperger children have sensory issues. These can occur in one or all of the senses (sight, sound, smell, touch, or taste). The degree of difficulty varies from one individual to another. Most frequently, the child will perceive ordinary sensations as quite intense or may even be under reactive to a sensation. Often, the challenge in this area will be to determine if the child's response to a sensation is actually a sensory reaction or if it is a learned behavior, driven mainly by rigidity and anxiety.</p> <p><i>Working with Students with AS</i> <i>(Adapted from LRP Publications-January 2002)</i></p> <p>There are an increasing number of students with Asperger's syndrome enrolling in colleges and universities. Only in recent years have the medical community and parents recognized that it is a disability.</p> <p>Asperger's syndrome is a neurobiological disorder marked by autistic-like behaviors and a noticeable lack of social and communication skills.</p> <p>On campus, a student with Asperger's syndrome needs assistance in social situations even more so than academic ones.</p> <p>The student may be a computer or math whiz, but he is an outsider. Many people with Asperger's syndrome are looked upon as nerdy and strange loners. It's an offshoot of their disability that makes them appear smart but eccentric.</p> <p>One thing you can do is encourage the student to disclose his disability to those around him, so they understand when he engages in strange behavior. In addition to a safe place, the student needs to be told why his actions are wrong and what course he may take in similar future situations.</p> <p>Each student is different, and Asperger's runs the whole gamut from very severe to very mild. It can be easily misunderstood by those who are not familiar with it.</p> <p>On the academic side, some students with Asperger's syndrome may not be able to do the deep analysis required by certain courses, such as</p>	<p>explaining the motivation of a character in literature class. You may have to explain to a teacher—that, because of his disability, analysis of a situation rather than the analysis of the character may be what the student can do to demonstrate knowledge.</p> <p>* Learn about Asperger's syndrome. Read up on it or talk with a member of your disability counseling staff. By understanding it, you can help a student.</p> <p>* Encourage the student to self-disclose to his teacher and classmates. You may want to meet with them also and give them a clear picture of Asperger's. When they understand, they won't be as upset when an incident occurs in class.</p> <p>* If possible, and with the student's permission, meet with members of his class one-on-one or in small groups. Explain Asperger's syndrome to them and how it affects his interaction with them in and out of the class. This will give other students an understanding and can build tolerance.</p> <p>* Ask the student's permission to educate security officers about his disability. This allows officers and others to work with the student instead of treating him as a danger to himself and others. Explain public safety things they can do to calm the student, such as talking nicely to him when he becomes riled.</p> <p>* Remove the student from a situation in which he is clearly agitated and stressed. Let him sit in a designated safe place to calm down when necessary.</p> <p>* Give immediate feedback. When a student behaves in an unsociable or threatening manner, immediately explain, kindly but candidly, what he did wrong and go over the right way to handle the situation.</p> <p>* Encourage parents and student to work through your disability office. Many parents are advocates for their children, which is fine when the students are young but not a good approach when a student enters college. Parents should use your disability office to interact and not be directly involved in daily issues.</p> <p>* It is not necessarily helpful to bring students with Asperger's syndrome together for a support group. Because the disability manifests itself at various levels, those with mild cases may not comprehend and interpret more severe cases.</p> <p>Students with Asperger's have a place in our community and on our campuses. With combined efforts and understanding we can provide a good educational experience for everyone involved.</p>
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